THE

MEDICAL AND SURGICAL REPORTER.

VOL. X. OCTOBER, 1857. No. 10.

ART. I.—*Malaria and its Manifestations in Sussex County, Del.*

By D. W. MAULL, M. D., of Georgetown, Del.

IN order to subvert successfully one hypothesis in medicine, it is necessary to substitute another and more plausible one in its stead; and, upon the other hand, to establish a theory, it is advisable to weaken and invalidate existing ones. The displacement of an old and popular theory, or of a new and rising one, and the substitution of one novel in its features, involves the necessity of preparing an essay elaborate in its composition and in details. This labor we shall not assume, as it is not our purpose to controvert any peculiar doctrine, but rather to offer our views in favor of one that appears to be most consistent with reason and established facts; but which at various periods has been threatened with being assigned a place with those that have risen and fallen, and its position usurped by those both beautiful and ingenious, but devoid of the numerous facts which gave the one in question support, and recommended it to the human mind as an established truth in science.

In the employment of the term "Malaria," it may be understood that we have committed ourself in favor of that generally received dogma that certain disorders of the human system arise from this source—that it is an aëriform poison, immaterial in its nature, inappreciable to the senses, save in its sequences, generated by the decay and decomposition of substances, chiefly vegetable, requiring a certain amount of solar heat and moisture to furnish this *pabulum*, and capable, during certain seasons, of developing a peculiar class of diseases designated "Malarial."

In adopting this theory, we feel it incumbent to adduce our reasons, and offer any facts of which we may be in possession that might tend to the establishment of this view of the question, as the validity of this doctrine has been questioned, and the existence of such a morbific agent denied altogether by some, and the term "Malaria" even ignored by the votaries of hypothetical speculations. Whilst upon our term of study at a medical school, one of these hypotheses bore such an aspect of plausibility, and appeared so novel and inviting, that we were half inclined to embrace it, without reflecting whether or not a sufficiency of facts could be adduced to establish the position taken. But subsequently, upon taking our own impress and views from a field of observation in a malarious district of country, our convictions as to the existence of a subtle agency as malaria, sprang up, and have strengthened with every succeeding year of observation.

It is not our intention to deal with the fanciful theories concerning the origin of malarious diseases: it is our purpose only to substantiate the doctrine that we have embraced, without laboring to question the tenability of others, as "atmospheric vicissitudes," "cryptogamous origin," "electric conditions of the atmosphere," and "epidemic constitutions."

Without designing to enter into any lengthened or useless disquisition concerning the many speculations that have been indulged in, and having premised thus far, we will proceed to the consideration of our subject, with the purpose of restricting our remarks to the circumscribed field presented by the title we propose; and although the scope thereby afforded us is quite restricted, we shall confine our observations to the limits prescribed, making what we have observed in this county in relation to the question, the basis upon which to erect the superstructure.

To engage properly in the work before us, it would be essential to our purpose to glance cursorily at the topography of the county, and the natural circumstances and agencies which might have a bearing upon health, endeavor to make our position as to the doctrine of malaria tenable, and then to observe the developments of this *materies morbi* in the locality under consideration. But the nature and design of the present article will not admit of entering upon topographical considerations. Let it suffice for us to say, that our district of country is commonly regarded as a mala-

rious one; that it possesses what are usually esteemed the elements of malarial disorders; and that it has those characteristics which are generally found in localities where this class of disorders prevail, viz., rivers, creeks, marshes, mill ponds, swamps, low grounds, a variable atmosphere, fogs, and a tolerably high "dew-point."

It would appear that the morbific elements of the atmosphere of this county have a disposition to develop dysentery during the summer months and bilious remittent fevers in the autumn. These diseases, generally speaking, do not, with us, often coexist to any great extent. The malaria presumed to originate both diseases becomes modified in its nature and effects as the summer progresses. Early in the season it manifests itself in disorders of the primæ viæ; later in the season, by occasioning disorders denominated "bilious." It has been observed by us that when dysentery prevails epidemically in the summer, we meet with comparatively little remittent fever subsequently; there appears to be something antagonistic in the two diseases.

Autumn has been designated "the harvest time" of disease; in this county it is essentially so. The commencement of our bilious fevers, however, varies with the character of the season. Usually, it does not prevail to any great extent until the close of August. Sporadic cases, though, present themselves during nearly the entire summer.

In order to develop an atmospheric condition favorable to the propagation of these diseases, it is essential that we should have frequent and copious rains during the early season, followed by hot suns. The rains bring forth a luxuriant growth of vegetation, the decomposition of which, we assume, produces the germinant faculties of our autumnal disorders.

Confirmatory of this position, we will state that the summer of 1856 witnessed some dysentery, but not sufficient to entitle it to the name of epidemic, and but a *modicum* of bilious. The season was quite dry; the summer comparatively cool; August remarkable for its having been the coolest that had been known for years. In consequence of these conditions, there existed but a sparse vegetation, and what there was could not possibly decompose, as heat and moisture, alternating, are essential to this process.

Again, the summer and fall of the year 1854 was extremely

dry, and, as a consequence, little sickness prevailed among us. Scarcely two inches of rain fell from the last of June up to the last of October. We had a few gentle showers. Under these circumstances, it was impossible for our summer and autumnal fevers to prevail to any great extent. There was not sufficient rain to advance the putrefactive process in vegetable matters. There was sufficient heat for the purpose, but no moisture to further it. The ponds were low, and in the immediate neighborhood of them some sickness was occasioned, thereby demonstrating that these diseases are dependent on the products of vegetable decomposition; these ponds being peculiarly prolific in the production of these morbific germs. In what other manner may we reasonably account for the infrequency of these affections in all other localities, except in the vicinity of these ponds, during that season?

Additionally, it has been observed that these ponds, during every summer and fall, are more subject to the visitation of this class of diseases than other localities. This fact is notorious. These low places are palpably fruitful sources of malaria. The following is a case in point of illustration, and in confirmation of our views. From the 5th to the 20th of July of the present year (1857), considerable sickness and several deaths from dysentery occurred in a certain section a few miles distant from this town. Two or three members of the same family would be attacked. This section was to the leeward of a mill-pond of considerable area, the water of which had dried up, the supply being insufficient for milling purposes. The wind had prevailed for two or three weeks from the south and southeast—the direction of this pond relative to the inhabitants of the infected district—thereby affording a means for the convection of the poisonous principles generated. This was a reasonable deduction; and, indeed, no other assignable reason could be found. Would it be philosophical to charge cryptogamia, electrical changes, or atmospheric vicissitudes, with originating these disorders? The solution, we opine, may be found in the malaria developed by the vegetable decomposition occurring in said pond, and wafted to the said district. This solution, too, will answer, we conceive, for all other cases of a malarious nature.

We have invariably remarked that persons residing near our

low grounds, swamps, and ponds, and the margins of our streams, are more obnoxious to autumnal fevers than those living on more elevated grounds. This town, situated upon the "Dividing Ridge," or "Water-shed," of the county, about fifty-five feet above the ocean, is oftentimes free from bilious complaints when these disorders are attacking persons living on the low grounds a few miles distant. The "head" of Indian River is regarded as notoriously prolific in bilious diseases. The river has its origin in an extensive mill-pond, the bottom of some portions of which is sometimes exposed. Must all this difference be chargeable to atmospheric vicissitudes? Would not the persons on the slightly elevated strips of land be equally affected? If the changes of atmosphere were capable of originating these affections, such a vast difference would not be apparent in situation; currents of wind do not vary to that degree. No; it is an atmosphere laden with morbific particles—the germs of disease, and springing from the decay of nature's substances; at least, this is the most reasonable deduction.

The following fact will favor the doctrine of malaria, we imagine. In the southern portion of the county, runs the Pocomoke River. An intelligent observer in that section has remarked to us that, considering the sluggish nature of that stream, the narrowness of its channel, the low, mucky ground over which it flows in a wet season, the immense quantity of foliage that falls into this stream, the strip of land skirting the banks covered with a heavy growth of cypress and black-gum, through the dense foliage of which the sun rarely penetrates, the constant process of falling of trees and clearing of lands—it might be expected that bilious diseases would be rife in that district. But such is not the case. These prejudicial influences, he assumes, are counteracted by the extensive fires which occur in the summer from burning the cypress swamps in the vicinity, and the felled timber which has become dry, giving rise to immense volumes of smoke, completely enveloping that section, and sometimes obscuring the light of the sun. This smoke doubtless acts as a grand disinfecting agent, diffusing itself, and neutralizing the atmospheric poison, and producing strong currents of air to remove all impurities.

Persons employed in the "fodder-field" at night, during the

autumn, are more obnoxious to malarial influences than those exposing themselves during the day. We may assume that the sun evolves the morbific material by day, and that the dews and fogs attendant upon the night diffuse it. This is the manner in which we account for the difference.

One fact which should prove fatal to the theorist's speculations is the sensible diminution of bilious diseases in our county of late years. To what shall we attribute this manifest change? Not to a change of the atmospheric condition with reference to its variableness; not to a diminished number of cryptogamous growths; nor to a change in the electrical aerial states; but to a diminished amount of malaria, in consequence of the general and extensive system of drainage which has been pursued with us latterly. Swamps have been cleared up, and low grounds have been drained and subjected to cultivation, and thereby many sources of disease removed. Each pond and swamp acted as a *matrix* where the germ to influence human health was formed. In removing these originators and repositories of these health-modifying principles, a change has been made apparent. The application of lime, which has been extensively pursued, might possibly have had some effect by destroying or modifying these disease generating agencies. Thus, we see that, though the power of man does not extend to phenomena, still it can modify nature's operations in some slight measure.

In connection with this subject, we may as well remark that one of the first settlers of this county—an old physician—observed that a hazy state of the atmosphere was generally a precursor of a sickly season here. This condition we have never observed.

With reference to the immunity from these diseases which some have wished and attempted to claim for the negro, our experience has led us to believe that he is quite as subject as the white. This is our belief, although we have no data further than our experience upon which to found a decided opinion.

Dysentery, as before remarked, prevails for the most part with us in July and August. Its manner of prevalence leads us to believe that it has its origin in atmospheric vicissitudes conjoined with malaria. This disease becomes quite intractable when it occurs in an epidemic form. The first cases occurring are apt to

be the worst; later in the season, it abates somewhat of its virulence, until, finally, our bilious fevers make their appearance.

The bilious remittent fever, generally considered, is by no means violent in its nature, nor difficult to manage. A simple uncomplicated case seldom or never terminates fatally. The character of the case may be either gastric or hepatic, according to the nature of the season, or the previous ailments of the patient.

The intermittent is sometimes obstinate, but seldom dangerous. A pernicious intermittent is comparatively unfrequent. The first two or three frosts do not abate our fevers, but rather tend to increase their prevalence.

The above are the departures from health that malaria with us occasions.

From the foregoing facts and observations, we feel prompted to affirm that malaria, as it exists in this county, is not virulent in its developments. The character of the disorders that it develops, is mild and tractable. The poison is not sufficiently intensified to produce affections of a malignant grade. It produces bilious fevers of various grades of intensity proportionate to the amount of *pabulum* furnished by the vegetable putrefaction of the season. If the summer is moderate, the rains few, and vegetation sparse, observation has shown that our diseases will be unfrequent and mild—not sufficient miasm has been evolved to give origin to diseases of an intense grade. Upon the contrary, if the rains have been copious and frequent, the heat intense, and there is a luxuriant growth of vegetation, we may reasonably anticipate our epidemics of dysentery and bilious fevers, as then we assume that an inordinate amount of malaria will be emitted from those localities which generate those principles which have an agency in the causation of disease. We see that warm suns vivify the principle, and the cool and damp nights, peculiar to our fall months, attract, concentrate, and then diffuse it. These conditions of the weather we have found to be most conducive to sickness.

The foregoing desultory remarks comprise a portion of the fruits of our observations of late years. We have brought forward no "false facts" in support of the doctrine we have embraced, but have confined ourself to truths as manifested to us.

We are aware that this doctrine cannot be fully established by direct experiment, or by any evidence of the senses; and not until this malarious principle in the atmosphere can, by analysis, be fully demonstrated to exist, will the facts of its existence be indisputably acknowledged. We are assured, however, that this theory is the most reasonable—fewer serious objections can be urged against its maintenance. As to the others, obstacles, we may say, insurmountable, prevent their adoption. A cause must be assigned for all sequences; and we have no hesitancy in averring that, to our mind, that theory which recognizes malaria as a morbific agent in the originating a certain class of distempers, is the most plausible, and strengthened by a greater collection of facts and arguments.

But every fact may be treasured to advance this doctrine; every case of "bilious" tend to demonstrate the truth of it; every season establish us more fully in the belief of it, and everything, save its materiality, be evidenced, still we are conscious that not until science shall succeed in making these malarious elements perceptible to some of the senses, will the doctrine be inconclusively proven, though our belief in the absence of this proof will still continue to be based upon the facts already known, and the reasoning from those facts.

September 1st, 1857.

Art. II.—*The Reflecting Otoscope and Artificial Drum.*

By J. Henry Clark, M. D., Newark, N. J.

One day last winter I observed in front of my residence a man taking from his pocket a small mirror, and, turning it obliquely, throw the rays of light down a hole in the edge of the sidewalk that conducted to the faucet, by means of which the supply of water to my house was controlled. Stepping out, I observed that this small hole, about three feet deep and but a few inches square, was perfectly illuminated. It at once occurred to my mind that an instrument might be constructed in the same manner to shed light in upon the drum of the ear, affording the same

kind of aid that the ophthalmoscope does in the examination of the eye.

I have for five years had in my office, and sometimes used on a dark day, one of the half dozen *illuminators* which I regarded so objectionable, in consequence of the lurid glare thrown upon the drum by the artificial light employed, that I had ceased to use it. I preferred the simple tubes of Wilde and Toynbee, made for me after the drawings furnished in their publications. Speculums of various patterns and shapes, from Kramer's forceps and Wright's polished metallic apparatus, which date before 1815, down to the simple tubes of Toynbee, have been invented to straighten the passage and shed sunlight in upon the drum. The "illuminators," so called, are of later origin. That of "Hutchinson" is perhaps the least excellent, but has been the most used in this country, because less expensive, being worth in London about one and a half pounds. After rejecting several other plans, the same mode of setting the mirror in the angle of a bent tube was adopted, also of fixing the lens in the eye-piece. In other respects the new instrument, which we call the *Reflecting Otoscope*, differs entirely, and serves a very far more useful purpose than merely the reflecting end of that instrument, if it was regarded expedient to buy it for the purpose of using so small a part of it. Mr. GEORGE TIEMANN, the celebrated instrument-maker of New York, took an interest in the matter, and, taking the cue from very rude drawings and suggestions, has succeeded in perfecting an instrument that every one will desire who wishes to become familiar with the pathology of the ear. A large number are ordered in advance, and the first one that was finished was purchased by one of the Professors of a German University, who regarded it as better than anything produced in Europe that he had seen. It is afforded by Mr. Tiemann at a price less than the worthless imported "illuminators." The instrument is got up in a neat manner, and the case contains specula of various sizes, which may be affixed to the reflecting part as the operator may desire. The most important novelty in the new instrument is in the speculum, which is movable, and has a *concave* interior surface which renders it very much more effective than the more usual form, and better applicable to a moderate light. Although several improvements are already contemplated, it is only neces-

sary to see it in order to perceive that it fills an important place in aural surgery not before occupied.

This is the first instance in which an instrument of this kind has been made in this country. The difficulty of procuring lenses accurate, and excellent and perfect mirrors, has delayed its production for three or four months. The profession will feel obliged to Mr. T. for the ingenuity and perseverance which he has manifested in bringing the instrument to a state of completeness. This instrument may be used with advantage by affixing the larger sized speculum, for the examination of the eye, the mouth, or the rectum. The same principle may be usefully applied to a speculum vaginæ by simply enlarging the whole apparatus. I understand that Mr. T. has such a design, now that his workmen have become accustomed to make the lenses and mirrors, which have proved the really difficult part of the undertaking. It is applicable also to strong artificial light. Its advantages, to sum them up, are,

1. In this the first attempt to employ solar light in this manner to aural examinations.

2. In this the first endeavor to reproduce in this country in an improved style, the lenses and mirrors which have formed the material part of several valuable foreign instruments.

3. In the combination of the lens, mirror, and improved specula in a neat, convenient, and not expensive instrument.

4. In the movable speculum which enables the operator to use the largest size that will be admitted in the meatus externus.

5. In the peculiar and entirely novel form of the speculum which is attached to the instrument.

I have found that this instrument has so wonderfully assisted me in making a diagnosis of diseases of the tympanum, that I wish to introduce it fully to the profession.

THE ARTIFICIAL TYMPANUM, as made by our instrument manufacturer from the first drawings of Mr. Toynbee, of London, the inventor, is liable to several serious objections. I have introduced a great many which fail of adaptation because of their *shape* and the *length* of *the stem*, and which are destroyed by the secretions of the ear. The shape of Mr. Toynbee's drum was determined by the shape of the healthy drum when dissected out. My experience would indicate that a drum of elliptical shape is

better; also that the rubber should not contain the material that causes it so readily to decompose. I believe that both these ends may be accomplished. The shape of the artificial drum should be determined, not by the shape of the natural drum, but by the form of the rupture. It should, if possible, do little more than *cover the rupture*, leaving the rest of the drum to act as in the days of its integrity. In my New York office I have seen several patients lately, entirely relieved by regarding this principle in the application of the artificial tympanum, who were before not benefited by this appliance. Unless carefully constructed, the rubber after a few weeks draws over the disk or button on its under surface. An intelligent clergyman thus writes: "I would not be without an artificial drum for any price, but I find they are soon worn out; the elasticity of the material causes it to stretch, so that it slips over the disk. I have placed it in a new place, which gives a new shape to the drum, placing the point of suspension in the foci of an ellipse. This materially aids my hearing." He goes on to remark that this fragment is of more service to him than the unbroken drum, and concludes, "that the configuration of the rupture in his drum is elliptical." I have found that he was not singular in this respect.

It would be very desirable if some other fabric could be found to take the place of rubber in the manufacture of the artificial drum. I believe that rubber is open to several serious objections, while its elasticity only fits it for the purpose; that article that can be so applied as to clear the orifice in the tympanum, and interfere in the least possible degree with its normal action, and produce the least degree of irritation is the best. It must be thin, and should be elastic.

The idea of an artificial tympanum was first suggested to Yearsley, of London, by an American patient, who told him that he could produce in his left ear a degree of hearing quite sufficient for ordinary purposes, by means of a *moistened piece of paper*. Yearsley found the tympanum wholly destroyed, and regarded the case hopeless. He saw the marvellous relief afforded, but was unable to repeat the experiment with success. In 1842 it occurred to him to try cotton; this he used with entire success for six years, when he published his method of practice in the London *Lancet*. As late as 1853, and, I believe, later, he desired nothing

better than this cotton. Gutta percha, coils of silver wire, and various other substitutes were used with no success. Yearsley found that the cotton *rather hindered* than benefited his patient until it was *placed directly over the orifice in the drum.* This patient, a lady, introduced it herself every day for several years, and probably does so still. Without it, she is perfectly deaf; with it, she hears ordinary conversation. Yearsley quotes many such cases. He tells of exactly the same result with his bit of cotton that I see produced almost daily with the rubber artificial tympanum of Toynbee. We need not despair, therefore, of finding some better material than rubber; less heating, less liable to irritate and decompose.

Before laying down my pen I would add a word about the use of rubber. I have long believed that its use in coats and shoes was productive of evil, especially without the exercise of judgment. The same is true of "patent leather." An example has been afforded me within a week that furnishes a valuable hint: A child who had been uniformly perfectly well from birth was seized with obstinate diarrhœa. I could not discover any cause, although several times I went into a very careful investigation: observing at length that the nates were terribly excoriated, and on being told that this had never happened before, and that it had grown worse for ten days, a more careful inquiry revealed the fact that *just at that time* the mother had commenced the use of an *India-rubber diaper.* I ordered it to be at once omitted. The diarrhœa was better the next day, and was well the day following, while the excoriation was *wholly* cured in about forty hours. It has been since tried twice with the same result. If this illustration is sufficient, I may be permitted to regard rubber, with the materials employed in its composition and admixture, as on the whole not a desirable article to introduce into any of the cavities of the body if a substitute can be obtained.

ART. III.—*Translations from Foreign Journals.* By CH. J. F. LEHLBACH, M. D., Newark, N. J.

Chemical Characteristics of Pure Glycerin.—According to Dr. Cap, pure glycerin, suitable for medicinal purposes, should possess the following properties: It should be odorless, even when rubbed between the hands; its consistency must be that of thick syrup. It must be of honey-like taste, strongly sweet, its reaction nearly neutral; one volume of glycerin must be perfectly soluble in one volume of alcohol, acidulated with $\frac{1}{100}$ of sulphuric acid, without forming a deposit, when standing in a cool place, even after twelve hours. Further: 1 volume of glycerin must dissolve in two volumes of a mixture of 100% alcohol and 50% of sulphuric acid without forming a precipitate (salts of lime), or leaving syrupy residua (adulteration with honey or simple syrup). In this way an addition of 10% of syrup may be detected; if it contains less, on adding a drop or two of sulphuric acid to the mixture, a white deposit forms immediately; glycerin dissolved and boiled with water should not be changed to a darker hue, which would indicate the presence of glucose.

Chemical Properties of Colchicin and Veratrin.—Gustav Bley mentions the chemical characteristics of these two substances as follows:—

Colchicin.	*Veratrin.*
Odorless.	Odorless—causes sneezing.
Soluble in water.	Insoluble in water.
Bitter taste.	Sharp pungent taste.
No alkaline reaction.	Distinct alkaline reaction.
Violet color produced by concentrated nitric acid.	*Yellow* color produced by concentrated nitric acid.
Yellowish-brown color with concentrated sulphuric acid.	*Blood-red violet* color with concentrated sulphuric acid.
Yellow color produced by hydrochloric acid.	No change with hydrochloric acid.
Changed into *Kermes* color with tincture of iodine.	No change with tincture of iodine.

(*Medicin Neuigkeiten.*)

Detection of Strychnine—Dr. SCHROEDER, of Manheim, publishes the following case in Dingle's *Polytechisches Journal:*—

A person committed suicide by taking one-half ounce of powdered nux vomica. The patient soon received an emetic of 15 grains of sulphate of zinc. The vomita and about a quart of urine were officially given to Dr. S. for examination. He proceeded after the method of Stas and Otto, which is as follows: The suspected material is rendered alkaline by carbonate of ammonia, to set the alkaloid free and render it soluble in ether; it is then repeatedly shaken with ether, which after clearing is poured off and collected. The ether which already contains the impure alkaloid is then treated with some water and sulphuric acid, and repeatedly shaken. The sulphate of strychnine thus formed is contained in the acidulated water, it being insoluble in ether. The ether is then poured off, and the remaining solution washed several times with ether, which takes up all remaining substances, leaving the sulphate of strychnine almost pure in the acidulated water. This is then treated with carbonate of soda until alkaline reaction ensues, by which the alkaloid is again set free and made soluble in ether; then the solution is repeatedly washed with pure ether, decanted, the ether collected in a glass dish, and left to spontaneous evaporation. Finally evaporation is completed over the water-bath, or in a moderately warm place, if volatile alkaloids are looked for.

In Dr. S.'s case the strychnine, with the brucin it contained, was obtained almost perfectly pure in the form of a solid nearly white residuum on the glass dish. From the vomita a considerable quantity was obtained; from the urine just enough to cloud over the glass. It was, however, sufficient to show the reaction of strychnine very distinct at every point of the dish, that had been covered by the evaporating ether. Dr. S. communicates this case as interesting *because it proves the passage* of strychnine into the urine and because the method described is the most direct. In cases, however, where the suspected food, etc., is mixed with a large quantity of fat or other substances readily soluble in ether, the materials to be tested should first be treated with alcohol as prescribed by STAS and OTTO.

On the Influence of Cane-Sugar upon Digestion and Nutrition.—Dr. Hoppe has recently again experimented on this subject and obtained the following results: 1. Cane-sugar is not changed by saliva or gastric juice for half an hour. 2. Large doses of cane sugar excite vomiting in the dog after 1–2 hours. 3. Neutralization of the gastric juice by chalk produces no change in the effects mentioned, sub. 1 and 2. 4. When the gastric juice was neutralized by chalk no fermentation was produced by the introduction of yeast into the stomach. 5. The animal being fed upon sugar continually, no traces of sugar appeared in the feces or urine. 6. The amount of lactic acid in the urine is not increased by feeding on sugar.[1] 7. A mixed diet of meat and sugar increases the weight of the body much faster than a meat diet alone. 8. Under a mixed diet of meat and sugar much less urea is excreted than under an exclusive meat diet. 9. The excretion of urea is diminished to its minimum by an exclusive sugar diet. 10. The excretion of nitrogen in the feces is the same in a mixed diet as in an exclusive meat diet. 11. If there is much sugar in the blood, albumen and albuminoids are protected from oxydation. The albumen being little or not at all provided with oxygen (the latter being abstracted by the sugar), it seems to decompose under the formation of fat. 12. The theory of *Bernard*, that a sugar diet excites only the production of sugar in the liver, while the sugar introduced into the system *is converted into fat*, cannot be sustained. (*Virchow's Archiv*, vol. x. Nos. 1 and 2.)

Effects of the Closure of the Vena Portæ.—Dr. Ore has recently communicated a series of observations to the Paris Academy of Medicine, yielding the following results: 1. The secretion of bile continues in spite of partial or complete occlusion of the portal vein; hence the blood of this vein cannot be considered as furnishing the material for the biliary secretion. On the contrary, it is from the blood of the hepatic artery that the liver secretes the bile. *Like all other secretions*, therefore, the bile comes

[1] (In assuming the presence of lactic acid in the urine, Dr. Hoppe is at variance with the views of most physiologists. Liebig and Lehmann contend, that the small quantities of creatine and creatinine present in the urine, have been mistaken for lactic acid. The same view is taken, if we mistake not, by Golding Bird.—*Transl.*)

from arterial blood. 2. The elimination of sugar by the liver has not been changed by obliteration of the portal vein, and must hence be considered with *Bernard* as a secretion proper of the liver, independent of food. 3. The products of the digestion of amylous and albuminous substances, namely, albuminose and glucose, cannot pass through the liver, but they are not lost to the organism, because there exists an anastomosis between the *vena mesenterica* and the *vena cava inferior.* 4. Finally, it is to be presumed that the arterial blood is as important in regard to the elimination of sugar in the liver, as it is for the secretion of bile. (*Medic. Neuigk.*)

Duration of Life in Various Races.—Dr. GATTERS has published a treatise on the relative duration of life in the Jews, as compared with Christian denominations. (*Prager Viertelgahrsschr.* 1857, II.) His statistics are extensive, and comprise separately the comparative mortality of Jews and other nations, from 1–10 years, 10–20, 20–30, etc. According to his calculations the mean duration of life of the Jews is 46.5; of the Germans 26.7; of Croats 20.2. The mean duration of life in the Austrian empire is 27.5. This astonishing low mortality among the Jews under the most varied climatic and external relations, as compared with other nations, *being constant, cæteris paribus*, our author can account for this fact only by accepting a *difference of race.* (Another ethnological problem for the advocates of the "unity theory."—TRANSL.)

PROF. BRANELL, of Dorpat, experimented upon animals with the blood of a person who died of pustule maligne, and examined the blood of both microscopically. The results obtained are as follows: 1. The contagious poison of pustule maligne in man is not exclusively limited to the carbuncle, as is asserted by Hensinger, but is adherent to the venous blood generally, and probably pervades the whole mass of the blood. 2. The poison is not only communicable from one species of domestic animals to another, but can be successfully transmitted from men to sheep by inoculation, a fact which has hitherto been doubted. 3. Some animals seem to possess an immunity against even the inoculated poison. 4. The time between inoculation and death varied from 44–78 hours. 5. The blood always presents certain changes after

death, which are the same in man, as in sheep, horses, or cows. The most constant of these changes are an increase of chyle-corpuscles and the development of vibriones, which are generally found most abundant in the spleen, being at first motionless, but some time after death—usually about the third day—acquiring motion. They are not a product of post-mortem decomposition, but originate in the living blood. (*Virchow's Archiv.*)

Cold Applications in Pneumonia and Pleurisy.—Prof. Niemeyer, in his contributions to clinical medicine, expresses his opinion, based upon numerous observations, that in pneumonia and pleurisy cold applications (around the chest and back) are not only unaccompanied by danger, but as efficient here as in inflammation of external organs. They produce great relief, and the patients, even children, ask for their renewal when they have become warm. Dr. N. saw under this treatment the exudation cease earlier, the fever extinguished sooner, and the patients often returned to their work on the 7th or 8th day, while he never observed metastases or the consequence of cold from this treatment. In the latter stages of these diseases Dr. N. gives preparations of iron with great success, on the theory adopted by distinguished pathologists that the blood-corpuscles are materially diminished in these diseases. (I have seen very good effects from the tinct. ferri muriat. in capillary bronchitis and pneumonia accompanying measles.—TRANS.) (*Medic. Neuigk.*)

Ergotine in Epidemic Diarrhœa.—According to the *Lancette Française*, ergotine was used with benefit in epidemic diarrhœa by the Piedmontese physicians during the Crimean campaign, 1—2 grammes of ergotine were mixed with 120 grammes of mucilage, of which a spoonful was taken every half hour. The watery evacuations rapidly diminished and soon ceased entirely under this treatment. (*Ibid.*)

Treatment of Ovarian Cysts.—From a treatise of Dr. Boinet on this subject (*Gaz. Hebdomad. de Paris*, 1857) we take the following conclusions: 1. Puncturing the cyst once or oftener, followed by injections of iodine, has never produced dangerous symptoms. 2. The injections have frequently (in two-thirds of the cases thus

treated) induced a radical cure, and always considerable amelioration, where cure was impossible on account of organic degeneration. 3. Simple cysts, even if of large bulk, are easily brought to cure; a single puncture and injection are often sufficient to remove the disease. 4. Injections into the same cyst can be repeated without any ill consequences. 5. The injection should be made as early as possible and be repeated after each reproduction of the effusion. 6. Only in exceptional cases, when frequent injections and punctures have led to no result, should the sound be kept permanently in the wound.

ART. IV.—*A Case of Puerperal Convulsions.* By HENRY M. STONE, M.D., Perth Amboy, N. J.

I WAS called, August 30, 1852, to visit Mrs. R. in her seventh month of pregnancy; age, thirty-five years; sanguineo-nervous temperament. Symptoms: severe headache; giddiness; loss of memory, and total blindness. Pulse frequent, small, and wiry; yet forcible, with considerable febrile action. Bled her, probably a pint; ordered cold to the head and a sinapism to the back of the neck. Also the following: Spts. ætheris nitrici, f℥j; vini antimonii, f℥ij.—M. Dose, a teaspoonful every two hours in water.

August 31. Pain in the head relieved; pulse less frequent and full; no improvement of vision. Continued the same treatment with perfect quiet in a dark cool room, and a saline purgative. Called at 4 P.M.; found my patient in a spasm. By simple means restored her to consciousness; gave an antispasmodic narcotic mixture and repeated every two hours.

September 1. One o'clock A. M., patient in a violent convulsion; child born; no symptoms of labor had previously shown themselves. Removed the child; applied artificial respiration, and, with great difficulty, succeeded in preserving life. The infant was wrapped in flannel and fed on milk and water, one part of the former to two of the latter. At the end of nine days her weight, all told, was one pound and fourteen ounces—when she began to nurse. The placenta was removed without difficulty;

during its accomplishment, however, the convulsions were so violent as to require the aid of three assistants to keep her in bed. The bandage was applied and the spasms ceased. The patient became perfectly insensible; frothing at the mouth. Bled her to syncope; applied ice to the head and sinapisms to the extremities. Repeated my visit in six hours. No relief; convulsions more frequent and of longer duration; total insensibility in the interim. Bled her to syncope a second time without regard to quantity. Jaws tightly closed; ordered beef tea. Fortunately, a molar tooth had been removed, and the vacant space afforded opportunity to convey nourishment to the stomach.

2*d.* Convulsions nearly as frequent and obstinate as ever. Bled her nearly to syncope; applied cups to the temples and a fly blister to the back of neck. Expressed a decided opinion the patient would die. I determined to try the effect of mercury in large doses. Gave three large calomel powders, putting one upon the tongue every two hours. Not less than a drachm was administered during an interval of six hours. Purgative enemata were given and repeated without benefit.

3*d.* Convulsions less frequent; no other sign of improvement; pupils largely dilated; considerable heat in the head; applied three or four leeches to the temples. Dare not bleed again. Blister well drawn. Ordered ol. ricini f℥iss; ol. terebinth f℥ss.—M. Dose, a teaspoonful every three hours. Medicine continued during the day and night.

4*th.* Spasms less frequent and severe. Continued the same remedies, with purgative enemata and beef tea. Patient became partially conscious. Bowels freely open; medicine given three times a day. Also gave mutton chop, and brandy and water.

5*th.* Patient quite conscious; ordered tonics and a generous diet. At the end of two months and after an abundant harvest of furunculi, my patient began to enjoy good health. Her gums and throat were sore several weeks from the effects of the mercurial, and then fully recovered. Her intellect is considerably impaired, especially memory. Formerly a great reader and an occasional writer for the press. Since her severe sickness she has lost all relish for such engagements. The infant has always been well, with the exception of an attack of rheumatism during

the past winter, and a considerable curvature of the spine, mechanical means being necessary to remedy the latter. My patient had given birth to one child previously by a former husband. The delivery occurred quite naturally, and without complication. She is always regular during pregnancy and nursing. This occurrence, I think, is much more frequent than works on Obstetrics would lead us to suppose. I have met with quite a number of cases during a few years' practice. A peculiarity in this case is the fact that the usual symptoms of nausea or morning sickness were wholly manifested by the husband in both instances. The number of convulsions during the first twenty-four hours must have been twenty, and the whole amount of blood taken by general and local means not less than a gallon.

The treatment in this case will, doubtless, be regarded by many as too heroic. I can only justify the course pursued by the desperate nature of a hopeless case. The practice of Hunter, Denman, and other eminent authorities justified it. The large bleedings certainly had a marked influence in diminishing the frequency and severity of the convulsions.

Whether the excessive depletion, the mercurial by its alterative, or the oleaginous mixture by its stimulant and purgative effect, tended most to a favorable issue, or whether it was the combined action of the whole, we know not. One thing we do know, our patient got well, contrary to our most sanguine expectations.

ART. V.—*The Plantago Major in Spider Bite.* By D. W. MAULL, M. D., Georgetown, Del.

THE Plantago Major, commonly designated Yard Plantain, so far as our researches extend, has never laid much claim in the books to the properties that we are about to ascribe to it. It is true that mention is made of it in this connection in some of the old journals, but its claims to the title of Alexipharmic, probably, were not sufficiently urged, or there were not enough cases advanced upon which to base its reputation. This plant is described as being refrigerant, diuretic, and deobstruent in its nature, but no refer-

ence is made to its possession of properties more valuable than any or all of these, in its power to counteract the effects arising from the bite inflicted by the venomous spider. With many of the profession and *laity* of this county—a locality where the plant and spider are both very common—the herb has attained to not a little repute in consequence of these virtues; and, indeed, deservedly, we opine, for from our own observation and that of others, we are led to regard it almost in the light of a specific, if such a term is admissible. My father has had frequent opportunities of testing its efficaciousness in this respect, and it is upon these cases coming under our notice, that we chiefly base our remarks and our confidence in its powers.

As to the *habitat* of this spider, it is found in cellars, along old fences, in lofts, and in dark and damp places generally. It is black, with a red spot upon its back. The wound inflicted by it partakes more of the characteristics of a bite than of a sting. With regard to the results of the admission of this septic poison into the system, it may be stated that the bite is quite dangerous in its consequences, and is regarded by some as virulent as that produced by the rattlesnake. We have seen one case where partial paralysis ensued upon it. The symptoms became somewhat alarming. If it is one of the extremities wounded, the limb soon becomes nearly rigid; swelling is not a prominent feature; the pain extends along the limb and becomes excruciatingly severe; the peculiar poison soon diffuses itself; the system soon intimately sympathizes with the primary local disorder, as evidenced by the gastric irritability, and, if the poison is not counteracted, fatal results are apt to follow. With such alarming manifestations as these, it is very fortunate, we conceive, that we almost always have a remedy at hand to counteract its virulence.

This perennial plant—the plantago—is too familiar to all to require description; it is quite general in its growth, and consequently is easily obtained. The mode of preparing and administering, is to express the juice from the fresh leaves, and give three or four fluidounces at a time. Cold water, with the view of facilitating the expression, may be poured over the leaves after they are bruised. This expressed juice may be given with every assurance of almost immediate relief. The intense pain consequent upon the bite soon ceases; the limb loses its rigidity, and

assumes its natural use and motion. The irritability of the stomach is allayed, and all the parts soon acquire their normal appearance and functions. We may here embrace the opportunity to say that the toad, it is affirmed, in its combat with the spider, has been observed to resort to this plant every time that a bite has been inflicted.

The *modus medendi* of this potent medicine we shall not attempt to explain. No appreciable change is experienced in any of the evacuations. Under its employment, sleep is sometimes induced, but this is owing rather to the sudden freedom from pain which the patient begins to enjoy, than to any soporific tendencies inherent in the plant.

These observations have for their basis facts and cases sufficient to force upon the mind convictions as to the potency of this indigenous article in the relief of the spider bite. No hypotheses are indulged in, and no reasoning from analogies brought forward in support of a statement founded upon facts, and dependent upon no adventitious doctrines for its maintenance. This remedy unquestionably possesses merits sufficient to recommend it to the favorable consideration of the profession.

BIBLIOGRAPHICAL NOTICES.

ART. VI.—*The Practice of Surgery.* By JAMES MILLER, F. R. S. E., F. R. C. S. E., Prof. of Surgery in the University of Edinburgh, &c. &c. Revised by the American Editor. Fourth American, from the last Edinburgh edition. Illustrated by 364 engravings on wood. Pp. 682. Philadelphia: Blanchard & Lea, 1857. Price $3 75.

WE are informed by the author, that this work really constitutes the Second Volume of a Continuous Exposition of Principles and Practice, together forming a complete System of Surgery. The former part of the work—really in our view, the most important part—we recently took occasion to recommend to the attention of our readers.

It seems that the edition before us is reprinted from the third Edinburgh edition, which was published so far back as in 1855, making probably nearly three years since it passed under the author's revision. This may, in some degree, account for the numerous additions that the American editor has been obliged to make to the original text in order to do justice to the labors and discoveries of American surgeons. But for these additions, the book would be remarkably incomplete as regards the improvements in surgery proposed by American surgeons, which are far from being few. The American editor of this edition—one of the few instances in which positive advantage has resulted from such supervision—has modestly withheld his name. The last American edition was edited by Dr. Sargeant, whose labors are approvingly spoken of by the author.

Aside from the fact that the author does not appear to be well read in American surgery, a lack which, but for the labors of the American editor, would have detracted greatly from its value, the work is an excellent addition to our surgical literature, and with the former work of the author on the Elements of Surgery, forms a complete and invaluable addition to the library of the surgeon.

The work is well illustrated throughout, a large proportion of the illustrations having been added by the American editor, and many of them borrowed from Ferguson, and from Gross. The neat and substantial getting up of the work is creditable to the liberality of the publishers.

ART. VII.—*On Diseases of the Skin.* By ERASMUS WILSON, F. R. S. Fourth American, from the fourth and enlarged London edition. Pp. 650. Philadelphia: Blanchard & Lea, 1857. Price $2 75.

THIS is a new edition of a well known and standard work, which will be very acceptable to the profession. The author has bestowed much labor on this edition, having arranged a new system of classification "founded on the

only true practical basis, the *cause* of the disease." Besides large additions to various chapters, several entire new ones have been added, viz., one on Classification, one on the General Pathology of these diseases; one on their General Therapeutics; one on the Furuncular Eruptions, and one on diseases of the Nails and Nail-follicles. There is also added to the volume a collection of *selected formulæ*, consisting, for the most part, of prescriptions which Dr. Wilson has found of value in the treatment of diseases of the skin, and to which frequent reference is made in the pages of the book.

There are no plates in this work, but the publishers announce a separate volume of plates, which are intended to illustrate the work. There are nineteen beautifully executed plates, of which twelve are exquisitely colored, embracing accurate colored representations of nearly one hundred varieties of diseases of the skin, most of them being of the size of nature. The cost of the plates, bound in cloth, is $4 25.

We would be glad, if space allowed us, to say more of this work, but as our columns are much crowded now, we must for the present be content with this brief notice, with the hope of being able, ere long, to give an outline of its contents and doctrines.

ART. VIII.—*Elements of Pathological Anatomy.* By SAMUEL D. GROSS, M. D., Prof. of Surgery in the Jefferson Medical College of Philadelphia, etc. etc. Third edition, modified and thoroughly revised. Illustrated by 342 engravings on wood. Pp. 771. Philadelphia: Blanchard & Lea, 1857. Price $5 25.

WE are happy to be able to announce the appearance of a new and revised edition of the above work. The author is known as an indefatigable laborer in the field of medical science, having published several works of standard merit, which have been well received by the profession on both sides of the Atlantic. The work before us has long been known to the profession, and a new edition has been much needed. The author has availed himself of the opportunity to modify the work, and bring it up to the present state of pathological science. The various topics embraced in the work have been thoroughly systematized, while much of it has been rewritten, and a considerable amount of new matter introduced. Of the 342 engravings, nearly 200 are original.

Dr. Gross treats of the General Principles of Pathological Anatomy in twenty chapters, and of Special Pathological Anatomy in twenty-seven.

As the practicing physician has to do with the human system in a diseased, rather than in a healthy state, it is of the utmost importance to him to be familiar with the morbid conditions of the various organs of the body, their peculiar characteristics, their causes, and their probable results, in order that he may found upon this knowledge a rational diagnosis and a proper treatment.

We heartily commend Dr. Gross's work to the attention of our readers,

who will find it a valuable addition to their libraries. We believe with Dr. Gross that there is not sufficient attention paid to the study of pathological anatomy in our schools, and we trust that ere long there will be a change in this respect. Such a work as the one before us is well calculated to call the attention of the profession to the importance of the study of pathology.

Art. IX.—*The Medical Profession in Ancient Times; an Anniversary Discourse, delivered before the New York Academy of Medicine, November 7th*, 1855. By John Watson, M. D., Surgeon to the New York Hospital. Published by order of the Academy. New York, 1856. 8vo., pp. 222.

As it may have a decided influence towards introducing the systematic study of medical history into our schools of medicine, we cannot but deem this a most valuable collateral acquisition to the important science of whose fathers and partial growth it treats. That a knowledge of the history of medicine, as a necessary complement of the physician's education, has been too much neglected, both in English and American Universities, is a painfully evident fact. Equally evident is it, that that knowledge is of essential moment to every student of medicine who would avoid falling into those seemingly modern errors, which, rude though it may have been in many respects, ancient science long since exploded. Viewing the matter in this light, we can heartily recommend the succinct, yet complete, and truly excellent and learned discourse of Dr. Watson to the favorable and careful consideration of our readers. The period of medical history which it embraces extends from the remotest antiquity down to the middle of the seventh century of the Christian era, and it contains comprehensive biographies and judicious criticisms of the most distinguished writers on medicine, both Greek and Latin, who flourished from the age of Hippocrates to that of Galen. The work is for the present brought to a close by a very interesting account of the laws and customs of the Roman Empire in relation to the medical profession; but the doctor expresses the hope of being able to furnish a future contribution to the history of medicine by a somewhat similar discourse, relative to the profession among the Arabs, and the monastic institutions of the middle ages.

Art. X.—*The Greatest of our Social Evils: Prostitution, as it now exists in London, Liverpool, Manchester, Glasgow, Edinburgh, and Dublin.* An inquiry into the cause, and means of reformation, based on statistical documents. By a Physician. London and New York: H. Baillière, 290 Broadway, 1857.

If he would be regarded as a bold artist who should undertake to depict on canvas, the blackness of physical darkness, so would he be deemed a

skilful author, who should describe successfully that darkest of all moral and social degradations, the prostitution of large cities. Without the aid of such a book as the one before us, even the dwellers in cities can form but a faint conception of the depth of the pollution of this great and prevalent evil. This volume is based chiefly on the researches of Léon Faucher, and of Dr. Richelot, into the character or form which prostitution has assumed in the United Kingdom. The various chapters are devoted to a description of the number, age, and mode of life of prostitutes, the causes and recruitment of prostitution, and its influence on the public health, morality, and security; all of which are treated with much good sense and argument, enforced by numerous statistics, and the citation of several proofs. The differences existing between the several classes, in the same cities, and different cities, with regard to their original positions, their education, &c. &c., are stated in a very interesting manner.

Not the least important feature in the history of this sad subject, is the system of *procuring*, by which the ranks of these debased girls are recruited, and the supply made to answer the demand; and this branch of the subject is that which particularly interests the inhabitants of the rural districts, for it appears to be a well-established fact, that a large proportion of the unfortunates who are enticed into city brothels are fresh from the country, while those who are born and educated in the cities form but a minor part.

"The recruitment for first class houses, of which a great number are kept by strangers, is confided to numerous agents, largely recompensed, of whom several are received into the most respectable classes of society. The functions of these agents are various. The mission of some is to travel on the continent. By offering high wages, they engage as embroiderers, dressmakers, seamstresses, young girls whom they coolly remove from their parents. The better to deceive them, and to prevent all suspicion, they place in their hands, in advance, the wages of the first three months. The first-fruits of these young girls bring a high price in London, and these voyages succeed each other."

We know not how far this system may be carried on, on this side of the Atlantic, but, as human passions are everywhere alike, it probably differs only in degree, and we quote this passage for the especial benefit of our country readers and friends.

We have no hesitation in recommending this book to general perusal; it is written in a truly philanthropic spirit, and the pictures which are drawn in it of the loathsome lives and the early and horrible deaths of these Heaven-forsaken frail ones, "whose steps take hold on hell," should be known to all, especially to those who stand in the way of temptation. Let it be known to every woman and parent in the land, that the prostitute lives only, on the average, to the age of 25, and that "her end is bitter as wormwood, sharp as a two-edged sword;" let it be known everywhere, that fiends in human shape, and most plausible and innocent address, are constantly on the alert, with gilded hooks, to catch the unaware daughters of Eve, and drag them to the lowest of all the depths of degradation, from which there is no escape but death, and that often by suicide or other foul means. As an example of the

skilful machinery employed in this diabolical business, we quote the following, the scene of which is, not London or Paris, but our own metropolis:—

"A gentleman in New York, accustomed to visit a house of ill-fame, told the procuress that he wished her to obtain for him a girl who had never been seduced. She promised to do so, and inform him when she succeeded. After a few weeks, one Sabbath evening, he received a note from the procuress, informing him that a person had been obtained. He repaired to the house, and to the chamber where the girl was. There he found his own daughter, a lovely girl in the morning of life. Horror-struck, he exclaimed, 'Good heavens, my daughter, is this you? how came you here?' 'I came to see these paintings,' said she; 'how came you here, pa?' He took her in his carriage, and returned home. On their way home, he inquired by what means she had been betrayed into that house. 'Why,' said she, 'the lady who owns the house has, for several Sabbaths, taken a pew near ours in church. On the first Sabbath, she bowed to me; on the next, she spoke, and inquired respecting my health; after a few Sabbaths, she conversed freely with me, and asked me if I was fond of paintings; having replied in the affirmative, she invited me to ride home with her at some future period, and see a collection she had. To-day, she came with her carriage and renewed the request. I went, and was amusing myself with the paintings when you came in.' The poor girl did not yet know the character of the house, nor the destruction from which she had been rescued by an adulterous father."

G.

Art. XI.—*Books and Pamphlets Received.*

We have on our table a large lot of books and pamphlets, some of which have been awaiting a proper notice for months. Despairing of the time or space to give them all special notices, we here give them by their titles, with the intention of noticing at least some of them at length hereafter.

Books—1. *Statistical Report of the Sickness and Mortality in the Army of the United States, Compiled from the Records of the Surgeon-General's Office; Embracing a period of Sixteen Years, from Jan.* 1839 *to Jan.* 1855. Prepared under the direction of Brev. Brig.-Gen. Thomas Lawson, Surgeon-General U. S. A., by Richard H. Coolidge, M. D., Assistant Surgeon, U. S. A. Quarto, pp. 703. Senate Document. Washington, 1856.

2. *First and Second Report on Noxious, Beneficial and other Insects of the State of New York.* Made to the State Agricultural Society, pursuant to an appropriation for this purpose from the Legislature of the State. By Asa Fitch, M. D., etc. etc. Pp. 336. Assembly Document. Albany, 1856. (From Dr. G. W. Bradford, Homer, N. Y.)

3. *Prize Essays on Consumption.* (From the Publishers, Blanchard & Lea, Philadelphia.)

Transactions of the Medical Societies of the States of New York, California, South Carolina, Indiana, Connecticut, and New Hampshire.

Reports of the State Lunatic Asylums of New Jersey, Missouri, New York, Pennsylvania, Connecticut, Massachusetts, at Worcester, and at Taunton; also of the Pennsylvania Training School for Idiotic and Feeble Minded Children; and Reports to the Legislature of New York on Lunacy and its Relation to Pauperism, and the Relief of the Insane Poor.

Health and Statistical Reports, &c.

1. Meteorological and Nosological Report for Memphis, Tenn., during the first six months of 1857, with an appendix on the Pathology of the Zymotic Fevers. By Daniel F. Wright, M. D., Sec. of Board of Health, etc.

2. Annual Report of the Commissioners of Emigration of the State of New York, with the Medical and Surgical Reports, for the year ending Dec. 31st, 1855: also, the same for the year ending Dec. 31st, 1856. (From Dr. Carnochan.)

3. Report of Select Committee appointed to visit Charitable Institutions supported by the State, and all City and County Poor and Workhouses and Jails of the State of New York. Transmitted to the Legislature, Jan. 9th, 1857. Senate Document. (From Dr. G. W. Bradford.)

4. Annual Report of the City Inspector of the City of New York, for the year ending Dec. 31st, 1854. Doc. No. 2, Board of Councilmen.

5. Annual Report of the Physician-in-Chief of the Marine Hospital at Quarantine. Presented to the Legislature, Feb. 4th, 1857. (From Dr. Elisha Harris.)

6. Report of the Joint Special Committee on the Census of Boston, May, 1855, including the Report of the Censors, with Analytical and Sanitary observations. By Josiah Curtis, M. D. (From the Author.)

7. Report by the City Registrar of the Births, Marriages and Deaths, in the City of Boston, for the year 1856.

8. Sanitary, Meteorological and Mortuary Report of the Philadelphia County Medical Society for 1855; with an Account of the Prevalent Diseases in the Consolidated City, during the year. Accompanied with a Geological Chart of the County. Presented to the State Society at its Annual Session held in Phila., May, 1856. By Wilson Jewell, M. D., Chairman of Com. on Epidemics. (From the Author.)

9. Registration of Births, Marriages and Deaths in Rhode Island for 1853–4; and the same for 1855.

10. Report of the State Librarian to the General Assembly of the State of Connecticut relating to the Registration of Births, Marriages, and Deaths, for the year ending Dec. 31, 1855.

11. Second Annual Report relating to the Registry and Returns of Births,

Marriages, and Deaths in Kentucky, for the year ending Dec. 31st, 1853. (From Dr. W. L. Sutton.)

The Transactions of the New York Academy of Medicine. Instituted, 1847. Vol. i. part 9, and vol. ii. part 1.

1. Researches into the Structure and Physiology of the Kidney. By C. E. Isaacs, M. D., etc. Read March 5th, 1856. (From the Author.)

2. On the Extent of the Pleura above the Clavicle. By C. E. Isaacs, M. D., etc. Read April 1, 1857. (From the Author.)

Annual Announcements of the Lectures and Catalogues of Rush Medical College, Chicago, Ill.; University of Penna., Philadelphia; Medical Institution of Geneva College, N. Y.; University of Nashville, Tenn., Medical Department; New Orleans School of Medicine; College of Physicians and Surgeons in the City of New York; University of La., New Orleans; Philadelphia College of Medicine; Medical College of Ohio; Jefferson Medical College, Philadelphia, and New York Medical College.

Second and Third Annual Reports on the Geological Survey of the State of New Jersey, for the years 1855 and 1856. From Dr. Wm. Kitchell, Sup.

A Catalogue of Plants growing without cultivation in the Counties of Monmouth and Ocean, in the State of New Jersey. By P. D. Kneiskern, M. D. (From Geo. H. Cook, Esq.)

On the Sandstone Fossils of Connecticut River. By James Deane, M. D. (From the Author.)

Catalogue of Human Crania in the collection of the Academy of Natural Sciences of Philadelphia; based upon the third edition of Dr. Morton's "Catalogue of Skulls," &c. By J. Aitkin Meigs, M. D., etc. (From the Author.)

Memorials to the Legislature, and other Documents in relation to the State Woman's Hospital for the State of New York.

L'Art Dentaire: Revue Mensuelle de la Chirurgie et de la Prothèse Dentaires. Par M. M. Fowler et Preterre, Dentistes Américaine à Paris. Paris, Boulevard des Italiens.

(Catalogue to be continued.)

Art. XII.—*The Eclectic Magazine of Foreign Literature.* W. H. Bidwell, Editor and Proprietor, October, 1857, No. 5 Beekman St., N. Y. This is a monthly of 144 large octavo pages, at the moderate price of $5 00 per annum. The articles are selected from the principal foreign periodicals, not republished in this country, and judging from the number before us, are selected with taste and judgment. We commend it to our readers, who are desirous of getting the cream of foreign literature—neatly done up—at a moderate price.

EDITORIAL.

PROF. N. S. DAVIS'S LETTER.

HOMŒOPATHY having died out in the land of its nativity, having failed to support hospitals in the chief cities of continental Europe, and although, as its advocates claim, supported by the "rich and fashionable," and patronized by "the nobility, heads of departments, judges, doctors of divinity, lords and ladies," in Great Britain, having been compelled, at last, to abandon its hospital in the overgrown metropolis of that great empire, offers an insult to the intelligence of the people of this country, by endeavoring to fasten itself, with all its absurdities, upon our public institutions.

An effort was recently made, by the Board of Health of Chicago, to engraft on the hospital of that city a sort of double-headed monster, in the shape of a corps of regular physicians, and one of globulists. Under this arrangement, the position of consulting physician was tendered to Dr. Davis, and his dignified reply, which we insert below in full, is worthy of the originator of the American Medical Association.

We understand that the ten governors of the New York almshouses have had a similar arrangement under discussion in their Board. To them, as well as to the profession, and all others interested, we commend the manly letter of Dr. Davis. The recent conduct of the Boards who control the management of some of our public hospitals, should suggest to the profession whether it is not time to cease holding their services at so cheap a rate as to *give* them to institutions where they are often subjected to such indignities. Not one of these institutions can procure a word of legal advice without *paying for it* at the highest rates. But we refrain from elaborating on this subject at present, and proceed to copy Dr. Davis's letter.

CHICAGO, July 13, 1857.

To the Hon. Board of Health of Chicago.

GENTLEMEN: I had the honor, on Saturday evening, to receive from your secretary a communication informing me that I had been selected as one of

the "consulting physicians of the *Allopathic* Medical Board," designed to take charge of a part of the New City Hospital.

Feeling a lively interest in whatever relates to the public health and welfare of our city, although my time is fully occupied, and I am already bestowing daily gratuitous services on one hospital, which admits an average of 500 patients annually, I would cheerfully assume the discharge of such additional duties as your proffered appointment would impose, had it been offered to me in an unobjectionable manner. But you ask me to become consulting physician to an "*Allopathic Medical Board.*" The word "allopathy," as applied to medicine, means a system of curing disease by *contraries:* that is, by setting up one disease in the system to eradicate or cure another. Although I have diligently studied and practised medicine for more than twenty years, I must acknowledge that I know of no such system of medicine, and am profoundly ignorant of any class of men who pretend to practice any such system.

The word itself, as applied to the great body of physicians, conveys a libelous falsehood, which I will never sanction by accepting any appointment with which it is associated.

True and legitimate medicine acknowledges no *pathy*—no *ism*—no exclusive dogma of visionary enthusiasts, but it consists of the facts which have been gathered from every department of human knowledge by the accumulated experience, observation, and research of centuries, and their application to the prevention and cure of disease.

But I have another objection to accepting the honor you offer. Whatever professional reputation (if any) I may have gained by twenty years of hard labor, would necessarily attach more or less to any public institution with which I might be connected, and this, too, without reference to its subdivisions or departments. Hence I could not, either consistently or conscientiously, allow my name to go before the public in connection with a hospital, a part of which is devoted to the treatment of the sick in accordance with an exclusive *pathy* or *pretended system*, which has already been fully tried and abandoned in the hospitals of almost every country in Europe. If your honorable body choose to make use of the poor and ignorant who may fall sick in our city (for it is such who will fill all public hospitals), to test the merits of the various *pathys*, and *isms*, and humbugs of the day, you must do it without my assistance or sanction.

With sincere thanks for the honor which you intended to confer, I most respectfully decline to accept it. With much respect, yours, etc.

N. S. DAVIS.

TRUTH THE BASIS OF DISCUSSION.

We have received through Dr. Forwood, another letter from our correspondent "Elihu," who is commendably anxious that TRUTH and truth only, should be the basis of the ethnological discussion in progress in the pages of the REPORTER. He wishes to have each one who takes part in the discussion give his views on the following propositions:—

1st. "Do you intend to offer, receive, or tolerate by any means, anything, either in the anticipated basis, or in the subsequent discussion, which is undoubtedly contrary to any one undoubted truth?

"2d. Do you object that all undoubted truth (or so much as may be pertinent) shall form (at least some part of) said common basis?"

Inasmuch as truth is supposed to be the aim of all discussion, it strikes us that it would be a work of supererogation and an unnecessary waste of time and space to press these inquiries, and have each participant in the discussion append to them over his own signature his reply to them. To the communication before us, "Elihu" and Dr. Forwood have appended their names to a decided and unqualified negative, and we have no doubt but others would do the same if it were worth while to take the time and trouble to send the communication to each.

For all that, men will differ in opinion as to what constitutes truth. The field of mortal vision is so circumscribed, the powers of man's observation are so limited, and he is so often blinded by prejudice, that what may to his narrow view appear to be demonstrative knowledge, "science," if you please, shall yet be so very far from truth, as to be its opposite. There are a few things in nature that man is capable of demonstrating as truths, and time will probably add to the number; but there are other things in nature, and in providence, we hold, which are beyond human ken, however the finite may exalt himself above the infinite. On the subjects which it professes to teach anything, the Bible is to us an infallible source of truth. If it teaches that God "hath made of one blood all nations of men," it is TRUTH, and "science, *falsely* so called," will cavil at it in vain. It can *never* prove that it is *not* truth. "Let God be TRUE, but every man a liar."

PHYSICIANS' VISITING LIST FOR 1858.

This useful, and now almost indispensable little work, published by Lindsay & Blakiston, of Philadelphia, has already been issued. It has been several years before the profession, and grows more popular every year. It contains an Almanac, a Table of Signs, Poisons and their Antidotes, Table for calculating the period of Utero-Gestation, Blank leaves for Visiting List (for 25, 50, or 100 patients per week), Memoranda for each month, Addresses of Patients and others, of Nurses, their references, &c., Accounts asked for, Memoranda of Wants, Obstetric engagements, Vaccination engagements, General Memoranda, &c.

It will be easily seen that this pocket companion will be of great advantage to the practitioner, saving to him many dollars in the course of a month.

Those subscribers to the REPORTER who pay *strictly in advance* ($3 00) for 1858, will receive a copy of the *Visiting List* for twenty-five patients, as a receipt for their subscriptions. Those desiring the *List* for fifty patients must send 25 cts. additional in postage stamps. Subscribers who pay habitually at the Annual Meeting of the N. J. State Medical Society, will be considered as paying in advance.

☞ There is so little of interest transpiring in our large cities, that our correspondents find letter writing rather dull work. We have short letters from Boston and Philadelphia this month, and from New York the following: "For want of matter of sufficiently interesting character, I am compelled to disappoint you in a letter this month. I cannot make bricks without straw. Outside of the profession there is commotion enough, but inside, it is quiet as a mill-pond." The fact is, in our large cities all over the country this has been the most "uninterestingly healthy" season that has been known for years.

EDITORIAL CORRESPONDENCE.

LETTER FROM BOSTON.

BOSTON, *Sept.*, 1857.

THE summer, which has got so near into fall, has given us one or two warm days, but the intervening cold ones, and the chilly nights, have more than made up for all our supply of warmth. Boston has been a healthy city indeed for the few past years, and, as I have before intimated, doctors have had but poor pickings. The city has about 170,000 inhabitants, and 241 physicians divide the practice with about 130 quacks of various stripes —a population of about 450 to each man (and woman) who pretends to practice. Think of the wealth that all must acquire in a city of uncommon health! The truth is that, but for the sickness made by quacks' doses, there would not be enough to keep the regular profession alive.

The cool nights are, however, producing their effect upon those who persist in wearing thin pantaloons and coats, and in keeping their children in short sleeves and low necks. For the week ending Sept. 5th, there were 97

deaths, of which 42 were from causes which we usually consider as peculiar to nursing children at this time of year, and to adults who do not know that woollen clothing keeps off bowel complaints. The list of deaths from pulmonary disease during the same week was only 18. This, remember, is in Boston, the land of northeasters. The corresponding week in 1856, gave the same number of deaths from consumption, and only 37 from the other causes. There is more sickness than there has been through the summer, but the total number of deaths for the week is 14 less than in the same week last year.

The City Hospital is still going on—in prospect. The site for it has not yet been selected, and I fancy that another year will not see it under way. The remainder of the time, between this and Jan. 1st, '58, will be used up by the politicians in governor-making and mayor-making. There is little chance of there being power in those who have the interests of the city at heart, rather than their own, to carry through the hospital project. It is said by *somebody*—you know who he is—that the city needs a hospital for medical cases, but that they ought not to admit surgical cases. What is meant by the statement, of course nobody can surmise. We can only hope that, if established, the City Hospital may not be considered a sort of advanced department for the graduates of other hospitals.

The commonwealth have got almost ready a new lunatic asylum at Northampton, in Hampshire County. I cannot say when it will be ready for occupancy. Dr. Prince, of Salem, has just received the appointment of physician and superintendent. It is to be hoped that he will be found as well fitted for the situation as those who have held similar positions. Massachusetts will soon be as well supplied with such institutions, as she needs be. We rather brag of our lunatic asylums. The City of Boston alone supports one, and far is it from being a poor, though it is a pauper asylum. Dr. Clement Walker, who has been its physician for several years, is able to show a flourishing account. It was in the Boston Asylum that your namesake, now of Hartford, Conn., spent the early years of his professional life, and obtained the reputation which gave him his present position.

Yours, &c.,

C. E. B.

LETTER FROM PHILADELPHIA.

PHILADA., *Sept.*, 1857.

SINCE my last, there has been another change in the Philadelphia School. Dr. George Hewson has retired from the School, and the vacancy thus created in the chair of Anatomy has been filled by the appointment of Dr. Wm. H. Gobrecht, formerly Demonstrator in the Pennsylvania School. Though a young man, his appointment is hailed with much satisfaction. The gentlemen connected with this school seem determined to make it equal in every respect to its older brethren.

The schools generally are actively making their usual preparations for the winter course, and in another month the regular lectures will commence. At the Preliminary Clinic, a large number of students have already presented themselves, so that we may expect the classes to be equal to those of former years.

The weather has been so favorable that the health of our city has experienced very slight changes during the summer. The mortality has been

For the week ending		Aug.	15, ...	284
do.	do.	"	22, ...	237
do.	do.	"	29, ...	324
do.	do.	Sept.	5, ...	239
do.	do.	"	12, ...	217

You may notice a sudden increase in the third report, with a corresponding decrease the next week. This was occasioned by the neglect of the proper officer to send in the report for that week of the interments in the Cathedral Cemetery, and, consequently, that week and the next were added to the succeeding report of the Health Officer. This explanation will satisfactorily account for the increase also in other portions of the report.

There has been much less than the usual number of deaths from dysentery, diarrhœa, and cholera infantum. Consumption gradually increases in spite of the numerous "cures," &c., and will continue so long as we cannot impress upon the minds of our youth the great importance of attending to their health in preference to allowing themselves to be lead off in the chase for pleasure and the desire to "be in the fashion," however much health, not to say common sense, calls upon them to dress and act within the bounds of moderation. But your readers have heard too often the homilies on these subjects from more gifted pens than mine, and therefore I shall not carry it further.

Our hospital physicians, and those living near the "shooting-ground," have at present an excellent opportunity to study gunshot wounds, as the usual number of accidents are occurring during the season for "reed birds, &c." Every day the papers report a few, and I know a number have occurred which were never made public.

Just at present, our worthy Coroner has his hands full with murder cases. The inhabitants of that region known as "Bedford St.," and its surroundings, have started a new method for clearing out some of their surplus population, no less than two murders having occurred there within the last week.

These cases, conjoined with the trial of numbers of our police officers for assaults, and other like innocent amusements, are calculated not a little to injure the otherwise good reputation of the City of Brotherly Love.

Yours, &c.,

WIBIAT.

SUMMARY DEPARTMENT.

Diagnosis of Croup.—At a meeting of the *Buffalo Medical Association*, held in March last (reported in the *Buffalo Medical Journal*), the subject of membranous croup was introduced by Prof. Rochester, who said that during the month of February he had treated two cases.

In one of them he had prescribed pulv. Doveri, gr. ij, hydrarg. ch. mit., gr. j, and succeeded in cauterizing the larynx of the child thoroughly with a solution of nitrate of silver (30 grs. to the ℥). The relief following this application was sudden and permanent, and the child went on to a rapid recovery.

In the other case the treatment was nominally the same, but owing to the resistance of the child, he was unable to apply the argentine solution satisfactorily. The child convalesced slowly. He wished to add that he did not see the false membrane in either of these cases, that he was called early and could rationally attribute his success measurably to that fact; but that he had no doubt, from the general character of the symptoms, that the cases were both of them of the membranous form of croup.

Dr. Strong inquired if we were possessed of a sufficient knowledge of croup, to be able always to diagnosticate between the spasmodic and the membranous forms in the earlier stages.

Prof. Rochester spoke of the peculiar hoarseness of the cough, and the extreme suddenness of the attack, it most often occurring in the night, as distinctive of the spasmodic form. In the membranous form the attack was apt to be slow and insidious, the symptoms being less threatening at the outset.

Dr. Miner thought that a later diagnostic sign was, so far as his experience reached, unfailing. Spasmodic croup rapidly recovered, and true croup was uniformly fatal. He had never had the good fortune to see a case of membranous croup recover, and thought he should doubt his diagnosis in case of a recovery.[1]

Dr. Treat thought that the early diagnostic signs of croup were very un-

[1] What would Dr. Miner say if his patient threw up a membranous cast of the trachea? We have witnessed this in more instances than one. In one case the cast was several inches in length. The patient is now a young lady (in her own estimation), and we feel half disposed sometimes to attach her crinolines by way of payment for several days and nights of unremitting attendance. We have seen instances in which pneumonia supervened, and proved fatal after the discharge of membrane, and the apparent subsidence of the croup, and others in which, after the discharge of membrane, the patient seemed to die of exhaustion. In our experience, membranous croup is *not* necessarily fatal. Dr. Ware's excellent essay on croup has served as the foundation of our treatment of the disease, and we shall ever feel grateful to him for having written it. [Editor Med. and Surg. Rep.]

certain. He had seen cases of true croup as sudden in their access as spasmodic.

Prof. Rochester, in reply to Dr. Miner, referred to Dr. Ware's experience in relation to the fatality of membranous croup. It was evidently wrong to suppose that it was necessarily fatal. Dr. Ware had found that under the use of evacuants he lost a large proportion of his patients; that with moist air and anodynes the mortality was much lessened; while, after adding topical treatment to these means, a very good measure of success had been obtained.

Dr. Miner, in reply, quoted Prof. Clark, who had said that not one in four cases recovered. For himself he had only seen three cases, but had lost all those. In all of them he had adopted the milder treatment, and had resorted to topical treatment, etc. He used alteratives, also, but death had occurred before they could have taken effect. He thought spasmodic croup very rarely fatal, although it is not improbable that many cases die from over-treatment.

Prof. White alluded to the wandering character of the discussion, and wished to recall the original question put by Dr. Strong. He thought that in the great majority of cases the suddenness of access and alarming onset of spasmodic croup would serve to distinguish it from the slow and insidious membranous form. He thought, also, that in membranous croup the respiration was uniformly and constantly hurried, while in spasmodic croup it was more paroxysmal.

Dr. Nott suggested that the forms of disease were convertible, that spasmodic croup, when neglected, sometimes terminated in membranous croup, and related cases tending to prove this.

Prof. White would suppose that these were membranous cases from the outset.

Prof. Hunt mentioned the purely nervous character of the one, and the inflammatory type of the other disease. He had seen cases of spasmodic croup associated with convulsions, an attack of croup occurring at night and at once relieved by a warm bath, to be followed next day by a convulsion. He regarded the croup and the convulsion as different expressions of the same pathological condition.

The discussion here terminated with a general expression to the effect that a distinctive diagnosis was ordinarily sufficiently easy, but that care must be exercised, as it was sometimes doubtful in the early stages.

Prof. White referred to what he considered the double error of a distinguished eastern teacher, in running a parallel between croup and puerperal fever, as being both curable by bloodletting. He says that peritonitis, like the redoubtable croup, is soon fatal, but like it, again, is readily cured by copious and prompt bleeding. Prof. W. considered this a double error, wrong in its application to either disease.

—

Coffee as an Antidote.—In an article on Coffee as an antidote (*Am. Med. Gazette*, May, 1857), Dr. Max. Langenschwarz says, that the fatal results

of many accidental, spontaneous, or criminal empoisonments could be stopped almost instantly by administering it, while the loss of time in calling a physician, &c., is often the only cause of the loss of life. The following is a list of the principal poisons which, out of a number less dangerous, find their powerful antidote in the simple coffee prepared in the manner I shall explain below:—

Laudanum or opium. Atropin and belladonna. Aconitine and aconite. Strychnine and vomit-nut (*nux vomica*). Chelidonin, and the herb chelidonium majus. Caustic lime, potash, and all caustics in general. Phosphorous and all phosphoric preparations. Solanin (principal basis contained in the germs and first shoots of potatoes, and very often self developed, if potatoes remain moistening in humid cellars). Aron (caladium, or aron seguinum). Brownstone (manganum). Veratrin and the white hellebore (veratrum album). Tansy oil (or the infusion of tincture of tanacetum vulgare). The tansy oil has been, and is still recommended by criminal persons, for the purpose of abortion, but it never produced abortion, but frequently kills mother and child together. Borax. Coloquints. Poisonment and suffocation by charcoal vapor, and therefore, of course, also pyrocarbon (the artificial or chemical development of the same poison). The spotted hemlock (conium maculatum). The conein contained in the seed is one of the most horrible poisons I am acquainted with. Iodine. Lycopodium. Cherry-laurel (laurocerasus). Poisonous sumac (rhus toxicodendron). Valeriana. Ignatia (Ignace beans). Fly mushroom (agaricus muscarius), and all kinds of poisonous mushrooms.

All the effects of those substances are almost instantly destroyed by administering what we call "tincture of raw coffee," or even by a simple decoction of raw or green coffee, a preparation costing about nothing, and which, therefore, ought to be kept ready in every house and in the poorest family. The following is the very simple way to get that tincture: Take a quarter of a pound of green coffee (common Domingo the best), and boil it with one quart of water till it is reduced to one pint; then put the whole (berries and liquid) in a quart bottle, add one pint of strong alcohol, and shake it from time to time a little. That's all. This tincture gets stronger from day to day, and will, if the bottle is well corked, keep for many years without changing. If to the pint of alcohol (about ten minutes before mixing it with the coffee decoction) you add a little spirits of camphor, say two tablespoonfuls, you will not only double and triple the anti-poisonous quality of the tincture, but this preparation will then be an invaluable and certain antidote also to the following poisons:—

Garden hemlock, or dog's parsley (æthusa cynapium), particularly deadly to full-blooded persons, and producing (by confounding it with common parsley) almost every year, fatal poisonings in all countries. Chalk. Barytes. Poisonous lettuce (lactuca virosa). Capsicum or Spanish pepper. Animal coal. Coccolus (mensipermum cocculus). Drosera (rotundifolia), or sun dew. Euphorbium, or the so-called wolf's milk. Black hellebore. Henbane (hyoscyamus niger). Hell fig (jatropha curcas), called also the black vomit-nut; one of the most terrible poisons. Wild rosemary (ledum

palustre). Moschus (musk). Nitric acid. Muriatic acid. Phosphoric acid. Cocks-foot (ranunculus) of every kind. Poisonous snow rose (rhododendron chrysanthemum). Garden (ruta graveolens). Sabina (called also mother tea). Ergot (secale cornutum). Silica. Bittersweet (dulcamara). Common sponge (only the roasted one is employed as a remedy, but I saw very grave accidents to children, having taken pieces of the raw sponge into their mouths). Mice-pepper (staphisagria). Tobacco and the horrible nicotine (the patient can only be saved by our compound antidote of raw coffee tincture and camphor). Zinc preparations of every kind.

The compound saving-tincture (of green coffee and camphor) is, in the respective cases of poisoning, to be administered naturally and by clyster; the internal dose about ten to twelve drops in a teaspoonful of water every five minutes, and every fifteen minutes when the patient begins to recover. Larger and even very large doses may be given if the danger of life is imminent.

The ordinary cooked coffee (roasted, ground, and boiled or filtered) is in most cases without any effect, and in some cases even dangerous. In a very few cases only, and particularly as an antidote to opium, I found it highly useful. The principal substance acting so powerfully in the green tincture, is a kind of coffee-oil developed in the raw berries, but almost entirely destroyed by roasting the berries. This oil once withdrawn by roasting, the coffee only contains its exciting principles, which are (without the counter-balance of the oil) of little use. There are a few cases where, the nervous system being entirely paralyzed through strong narcotic poisons, artificial excitement is necessary; and this may be the cause that I found large doses of common (roasted and boiled) coffee to act usefully against opium, tobacco, etc.

—

Contagiousness of Measles and Scarlet Fever.—The editor of the *Nashville Journ. of Med. and Surg.*, in an article on the contagiousness of scarlet fever, quotes as follows from the *American Med. Gazette:* "We are glad to see by the proceedings of the Philadelphia Medical Society, that, in a recent meeting, no less a man than Dr. Condie stated, in reply to a question by Dr. La Roche, that he did not believe scarlet fever to be contagious, and never did believe it. Dr. C. Subsequently included measles in the same remark." Whereupon the editor offers the two following facts for the solution of the non-contagionists, and adds, that "the experience of every practitioner in the country will supply him with examples equally demonstrative of the contagiousness of scarlatina."

"In 1845, in the absence of any known exanthematous epidemic influence, a young man, in Logan County, Kentucky, accompanied us some miles to a large country church, at which almost every neighborhood for ten miles around was numerously represented. The weather was warm and our young friend remained in church for several hours. He had measles fever upon him, for upon his return in the evening his face was covered with the eruption. Two weeks afterwards measles suddenly broke out in every neighborhood represented at that church, and every family wondered how measles

had got into it, as they had heard of no measles for a long time anywhere in the country.

"On the first of last month, December, Mr. Gee, a member of the class now in attendance upon the lectures in the Medical Department of the University of Nashville, came into the class room, comfortably heated with stoves, with the fever of measles upon him. No epidemic of the kind existed in the city. After diligent inquiry among our medical friends, we could not hear of a case. During the month of December, more than *one hundred of his fellow students were stricken down with measles*, and up to the present, December 20, we have not heard of a single case of measles in the city save among the medical students."

—

Influence of the Mother upon the Fœtus in Utero.—Dr. W. P. Moore, in a paper read before the Tennessee Med. Soc. (*Nash. Journ. of Med.*, July, 1857), endeavors to answer the question, whether an impression made upon the mind of the mother will have any effect in marking the fœtus in utero. He shows that these marks and deformities are common in the vegetable kingdom, and among the lower orders of animals, and cannot there be attributed to mental impressions. These marks, he concludes, are to be attributed solely to departures from a normal line in the developmental forces, over which the mother has no control whatever. The conclusions he arrives at are stated as follows:—

1st. The uterus is so situated that it is free from any influences of the woman's will; therefore she cannot control any of its actions.

2d. Any action of the mother's mind must be carried on through the nervous system.

3d. There is no communication between the nerves of the mother and child.

4th. In the fœtus we find a distinct circulation, independent of any direct communication with the mother.

5th. By imagination, we find it impossible for the mother to cause any mark upon her own skin; how then can she impress that of her child?

6th. If it were in the power of the mother to exert an influence on the fœtus so strong as to cause deformity, she could seldom carry it to the full time of utero-gestation.

7th. If the mother possesses a power sufficient to impress her child with an image of any particular object longed for by her, why does not the impression resemble, not only in form, but have the size and color of the object longed for?

8th. If the mother, through her imagination, can cut from the child an arm or leg, what becomes of the dissevered member?

9th. If the mother, by the aid of imagination, can influence the fœtus as above, why do we find the same effects among the lower animals, and in the vegetable kingdom?

10th. In two thousand cases, investigated by the late Dr. William Hunter, not a single one coincided with the notions of the mother.

—

The Slippery Elm Bougie.—Dr. R. Thompson, of Nashville, Tenn., reports, in the *Nashville Journal of Medicine and Surgery*, a case of unruptured hymen, in the treatment of which he used a slippery-elm bougie, the mode of preparing which we here detail in his own language.

"I select a good article of bark and split it as fine as I conveniently can without breaking the fibre; then select as many of these pieces as will make a bundle rather larger than the bougie is wanted to be, dip them in water, and rub them together in the hand, occasionally dipping them again into the water. After continuing this process until a thick jelly is formed upon the surface of the splints, I wrap the whole together with twine, running it backwards and forwards until the whole is tightly and evenly compressed. Now put it away to dry, or, if one is wanted soon, put it into a hot place by the fire, or on a stove. When thoroughly dried, remove the twine, and, with a sharp knife, give it the smoothness, size, and form required. It appears as one solid piece of bark."

—

A Singular Case of Non-retention of Food.—Dr. Jacob Bigelow, of Boston, reports, in the *Boston Med. and Surg. Journal*, the case of a lady, now in her eightieth year, who has vomited regularly at least three times a day for forty years, and is confident that during the whole period she has never retained a meal. If she eats or drinks at irregular and intermediate hours, the material received is always thrown off. It is probable she retained about one-fourth of each meal taken. Her spirits and bearing are those of a person who has been benefited rather than injured by the smallness of the nutriment left for her support.

—

Coxalgia treated by Cauterization.—One of the editors of the *Atlanta Med. and Surg. Journal*, in a letter written from Paris, details a case of coxalgia perfectly cured—the integrity of the joint entire—by the cauterizing treatment of M. Nélaton. The plan adopted was extensive and heroic cauterizations over the diseased joint with the red-hot iron, combined with such constitutional remedies as are generally indicated. M. Nélaton insists that the cauterizations should not be too superficial, but sufficiently extensive to produce an eschar the thickness of the true skin.

—

Stillingia Sylvatica in Diseases of the Skin.—A paper, published in a late number of the *Boston Med. and Surg. Journal*, and read before the Suffolk District Medical Society by Dr. Wm. M. Cornell, of Boston, speaks highly of the alterative properties of *stillingia sylvatica* (Queen's delight). The plant is described as belonging to the class Monœcia monadelphia, natural order Euphorbiaceæ. Root large, woody, perennial. Stem herbaceous, two to three feet high. Grows in dry, sandy soils, and flowers in May and June. The part employed is the root. It grows in abundance in South Carolina and Georgia. "The plan which has been found most efficacious to preserve its strength, and most agreeable for administration, is, to extract the juice of the recent root by pounding the same, expressing, and straining, mixing, in determinate proportions, with the best treacle, bottling, and preserving

for use. The dose to be administered must be regulated by the effects." The juice of the root, rubbed upon the skin, produces effects analogous to croton oil. Its emetic properties are said to be superior to the euphorbia ipecacuanha, and in the treatment of chronic diseases and chronic inflammations in secondary and tertiary syphilis, and in various cutaneous affections, it has been used with decided benefit, with results similar to the alterative effects produced by arsenic and mercury. In a case of long continued obstinate tertiary syphilis, the infusion was employed as follows with the best effects:—

℞.—Recent stillingia root ʒiv;
Water ℔j.

Simmered till one-third was dissipated.

This quantity was taken in twenty-four hours, and continued some months.

—

An Extraordinary Case of Slow Pulse.—A writer in the July No. of the *New Orleans Med. News and Hospital Gazette*, reports a case which appears to have been a retrocession of arthritic rheumatism or gout, and producing very remarkable effects upon the heart and circulation. The disease at its outset, affected the knees and ankles specially, and to the imprudence of the patient in sitting between a door and window where a brisk current of air was passing, was attributed the retrocession. This was characterized by a convulsive movement on the part of the patient, though there was no change in his countenance, or manners, or feelings, to indicate any remarkable change in his condition. His pulse, however, made but about 24 beats to the minute, with intermissions.

The convulsive movements, which were momentary, and left him in perfect consciousness, and unaware of their existence, continued to recur with increasing violence for several days, when they suddenly ceased; and the heart resumed its normal condition, beating regularly about 70 to the minute. Up to this period, the pulsations had been gradually diminishing in frequency, until for several hours before the change, but 3 a minute could be distinguished. Until within an hour or two of the period of improvement, his mental faculties were unimpaired. The collapsed veins on the surface appeared like grooves. His improvement has been very tardy.

—

Iodine in the Treatment of Neuralgia.—In the *N. O. Med. News*, a case is reported by Dr. W. G Thornton, of Victoria, Texas, of neuralgia of the left side of the head, periodical in character, which could not be arrested with quinine. Tinct. of iodine was applied in the midst of a paroxysm, with entire and permanent relief. The application was followed by this prescription:—

℞.—Syr. sarsaparil. com. fʒviij;
Potass. iodid. ʒj.—M.

Half an ounce to be given three times a day, and the tincture to be applied in anticipation of an attack.

Aphorisms on Diarrhœa, and its Treatment. (Translated from Bouchut's *Maladies des Nouveaux-nés.* By J. C. Reeve, M. D., Dayton, Ohio.)[1]—Diarrhœa, so frequent in infants at the breast, is often independent of inflammation and other organic lesions of the intestine.

Diarrhœa is a flux which results often from cold, mental impressions upon the infant, bad hygiene, and over-feeding; from uncleanliness, and the emotions of the nurse, etc.

Diarrhœa is often sympathetic of buccal irritation caused by dentition.

A milk, abundant or scanty, if it is *concentrated* [containing too great a proportion of solids], always produces diarrhœa.

A diarrhœa with yellowish homogeneous stools, is generally of little importance.

Such discharges becoming green after exposure to the air, from the reaction of the urine, indicates nothing grave.

A diarrhœa with greenish-yellow discharges, or variegated with lumps of curd, indicates a considerable irritation of the intestine.

A diarrhœa, serous and abundant, is always a grave phenomenon.

Sanguineous diarrhœa and intestinal hemorrhages are very grave.

A diarrhœa slow, progressive, inconsiderable and apyretic, is not dangerous.

A prolonged febrile diarrhœa announces entero-colitis.

Choleriform diarrhœa announces acute entero-colitis excessively grave.

Catarrhal and spasmodic diarrhœa generally subsides very speedily.

Diarrhœa causes enlarged abdomen in children.

Catarrhal diarrhœa sometimes engenders inflammation of the intestines.

It is an error, the result of prejudice, to maintain a diarrhœa of dentition.

Every considerable diarrhœa should be soon combated by remedies capable of curing it.

A change of nurses, or the regulation of its periods of sucking, by lengthening the time between them, frequently suffices for the cure of a diarrhœa.

The nurse may be changed as often as necessary until one is found whose milk agrees with the child.

Children to whom solid food is prematurely given often recover of a diarrhœa as soon as they are fed with milk alone.

Catarrhal diarrhœa is caused by baths and the internal administration of astringents and opiates.

Treatment.—The physician cannot bring too much sagacity and prudence to the treatment of catarrhal and spasmodic diarrhœa of infants—those varieties of the disease which do not depend upon inflammation of the intestine. He should keep in view the primary nature of the disease, in order not to employ against it active remedies which could only be prejudicial to the patient, and which would perhaps be the cause of a gastro-intestinal phlegmasia.

[1] See also pages 270 and 365 of this volume. [Ed. Med. and Surg. Reporter.]

He should inquire in regard to the mode of feeding the infant—whether it suckles a nurse, or is brought up by the nursing-bottle or cup. In the first case the nurse should be the subject of an attentive examination, directed both to her moral and physical constitution; her milk should be examined and analyzed. It is necessary, finally, to examine carefully the hygienic circumstances which surround the child, its susceptibilities to disease, and determine with care the progress of the accident.

He who does this, can, by modifying at his will the hygiene and the alimentation of the patient, triumph over those diseases which it would be useless to attack by the agents of the materia medica. He assures his success by his prudence. Prophylaxis is of all others the most important resource of our art.

A simple diarrhœa may be tolerated two or three days without fear, for it often disappears and leaves no traces. This result is familiar to those who have studied diseases of children, and I have often observed it both in private practice and in the wards of the hospitals Necker and St. Eugenie.

If the diarrhœa persists beyond this time, it is prudent to interfere, with moderation, however, with the double aim of modifying the excretion from the intestine, and combating the nervous irritation of its muscular coat.

It is necessary, according to the circumstances which surround the infant, to modify its hygiene, regulate its food, change its nurse perhaps, place it in a mild temperature, guard it from cold and damp, and cause to be observed the most perfect cleanliness. In order to avoid irritation of the skin, after each evacuation it should be carefully sponged with warm water, its linen changed, and its nates and thigh powdered (for which purpose lycopodium is far superior to all the other substances).

The infant should be confined exclusively to the milk of its nurse, and she should be enjoined to suckle it less frequently. The diet should not go beyond this; or, not further than the use of a light decoction of oat-meal or quince seeds, or a solution of gum in milk in addition.

The first measures to be employed are cataplasms, simple or sprinkled with a few drops of laudanum, kept upon the abdomen, and injections of three ounces or more of decoction of flax-seed, quince-seeds, bran, or starch. For my part, I prefer a small quantity of the decoction, say about an ounce and a half, with two drops of laudanum. These injections may be repeated twice a day. In cases which have resisted these first means, I have often given with success injections composed of about four ounces of mucilage of tragacanth, containing from one to two and a half drachms of borax. I have seen cases of several weeks' standing, and which had resisted many other modes of treatment, cured in this way in twenty-four hours. These injections appear to be infinitely useful in the diarrhœa of dentition. I have often had recourse with success to the following mixture:—

Lettuce-water	℥iiss;
Syrup of poppies	℥ss;
Tris-nitrate of bismuth	ʒj-ʒiij.—M.

To be taken in twenty-four hours in doses of a teaspoonful.

The sub-nitrate of bismuth has also been used in lavements, and MM. Lugue and Trousseau have employed it in this manner with success.

In some circumstances, and especially when the breath is acid, when the discharges are very green in color, and when the former measures have been inefficacious, it is necessary to employ a more active indication. A tablespoonful or two of the syrup of ipecac should be given, fasting, or, what is better, the powder of ipecac—four to eight grains in an ounce of simple syrup.

It may be equally beneficial to administer the phosphate of lime in syrup, in doses of from fifteen grains to a drachm; or calcined magnesia, four to eight grains; or the following formula of Hufeland's:—

℞.—Oculi cancrorum	gr. x;
Ess. fœniculi,	
Syrup. rhei, āā	f℥iss.—M.

A teaspoonful every hour.

In some cases where diarrhœa succeeds to constipation, it may be necessary to resort to a mild purgative.

It will rarely be necessary to exhaust all these means, or to resort to the use of rhatany, tannin, or other astringents. Simple change of regimen will suffice to cure the majority of cases of spasmodic and catarrhal diarrhœa; it is only obstinate when a new channel of disease is added to it and it has become a true entero-colitis.

Entero-colitis.—Inflammation of the digestive canal establishes itself most frequently in the large intestines, very rarely in the small intestines, and still more rarely in the stomach, and it well merits the name given it of entero-colitis.

Entero-colitis is the natural consequence of bad regimen of children, of bad milk of the nurse, of artificial nursing, of the premature use of solid food, greasy or otherwise, and of an attack of indigestion multiplied by the stupidity of certain mothers.

Fever, vomiting, diarrhœa, with discharges, green, or variegated in color, or serous, with wasting and great softening of the integuments, announce an entero-colitis.

Discoloration of the countenance and change of the features, indicate the development of an acute entero-colitis.

Great paleness of face, of waxy hue, with softening of its textures and excavation of orbits, announces an entero-colitis.

An infant which has excoriation or ulceration of the nates, internal surfaces of the thighs and malleoli, suffers from entero-colitis, acute or chronic.

An infant having the wrinkled countenance of age, and of earthy hue, has chronic entero-colitis.

Acute entero-colitis passes very readily into the chronic state.

Chronic entero-colitis, complicated with the thrush [muguet], becomes immediately much more grave.

Complete discoloration of the countenance, its rapid withering, with ex-

treme and sudden excavation of the orbits, following copious discharges, announce very great danger, and probably death.

Chronic entero-colitis is almost always fatal.

Treatment.—Before undertaking the treatment of entero-colitis, all those hygienic circumstances should be examined and regulated as directed for the preceding disease. The child should be nursed less frequently, and other food than milk entirely denied; it should be kept in its room, cataplasms, simple or sprinkled with laudanum, applied to its abdomen, and morning and evening a lavement administered to it of about three tablespoonfuls of some demulcent decoction, with one or two drops of laudanum. The demulcent drinks may be allowed which are mentioned in the preceding chapter. If these means are not sufficient, we must have recourse to more energetic measures.

Antiphlogistics.—Antiphlogistic and debilitating measures have been recommended by some physicians. Leeches in proportion to the age of the patient, were formerly frequently applied to the hypochondrium or the anus. Their employment does not seem to be indicated. Unless under special and unusual circumstances, such, for example, as high febrile reaction, with turgescence of the general capillary system, it is not necessary to employ them; their use is rather injurious than beneficial. They succeed but very rarely in checking the diarrhœa, while they enfeeble the little patient by the loss of a quantity of blood not easily determined, and the flow of which is sometimes difficult to check. The advantages of their application cannot compensate for the inconveniences which may arise from them.

Cutaneous Revulsion.—Dubois has recommended, in the treatment of this disease, the application of a vesicating substance to the epigastrium. It is, however, in cases which commence with violence, *i. e.*, in choleriform enteritis, that this medication is most advantagous. It is often crowned with success.

Baglivi and Broussais have rejected the employment of vesications as useless, and even dangerous, in this circumstance. This is wrong. Stahl combined vesications with sinapisms, and derived great advantage from them. Louyer-Villamy has employed them with success; and for my part, I never fail to prescribe them when the disease takes on a certain intensity.

Intestinal Revulsion.—I designate thus the therapeutic method, which consists in establishing temporarily a secretory irritation of the stomach, which shall balance that of the large intestine.

The administration of ipecac, in the commencement of entero-colitis, suffices often to cause the cessation of the diarrhœa, and afterwards of all the other symptoms. This is a result which I have many times verified in the service of Trousseau, who has great confidence in the employment of this mode of treatment:—

R.—Ipecacuanhæ gr. v-x;
Syrup. simplex f℥j.—M.

To be taken at two doses, with ten minutes interval, for children from one to two years of age.

Absorbents.—As soon as acidity of the breath is observed in children afflicted with entero-colitis, and from the well-marked green color of the discharges considerable acidity of the gastric fluids may be supposed, it is beneficial to employ neutralizing agents, or absorbents. These are subnitrate of bismuth in doses of from ʒj to ʒv, in syrup or in milk, powdered crab's eyes, phosphate of lime, calcined magnesia, in the same manner and the same doses. Trousseau employed also the saccharate of lime, which he dissolves in milk, to prevent this liquid from curdling, and to neutralize the acids which are developed in the alimentary canal of infants.

Tonics and Astringents.—In children much debilitated, it is often advantageous and even necessary to resort to the employment of tonics. The extract of cinchona or the powder of colombo may be given; the former seems most efficacious, and can be easily administered by being divided into very small pills, and placed in syrup. The preparations of iron may also be given, as the tincture, or iron filings.

Astringents constitute the foundation of the treatment of the majority of physicians. Their employment is plainly indicated, and they may be administered by the mouth or by the rectum. Extract of rhatany in doses of four grains, or two to three grains of tannin, may be given, or the nitrate of silver, in a dose of one centigramme to forty grammes of liquid. Here is the formula of Trousseau:—

R.—Argent. nit.	gr. xv;
Aq. dest.	fʒj;
Syrup.	fʒss.

Sulphuric acid, as employed by Thompson, Hunt, and Griffith, in England, has been used here with some success by Lepetit, at the same time that strong saline baths were administered to the child. I prefer the employment of a mixture of alcohol and sulphuric acid, known under the name of *eau de Rabel.* [Acid. Sulph. Aromaticum?] I order a mixture of antimony, thirty drops for a child of three months, and sixty drops for one of two years, in about five ounces of liquid, of which eight or ten large teaspoonfuls may be given in the twenty-four hours. If the infant vomits the first dose, it must be persevered in, as tolerance is established after a few doses. At the same time baths should be given containing common salt in solution.

All these substances may be given in injections, composed of from four to six ounces of liquid holding the medicine in solution; eight to ten grains extract of rhatany, or half that quantity of tannin, may be thus given. Sixteen to thirty grains of alum may also be employed, or even five centigrammes of nitrate of silver. These last injections are employed daily by Trousseau; if their employment is not always followed by success, at least there is always a sufficient amelioration to obviate the objections which have been raised against them.

I have employed with great success injections of borax, ʒj to ʒij in from ʒj to ʒiv of mucilage of tragacanth; often in diarrhœa depending upon dentition, the flux was arrested by the second application of the remedy.

Lasegue has employed with advantage injections of ʒiv to ʒvj of sub-nitrate of bismuth.

Opiates.—The indication of this disease by narcotics enjoys in Germany unbounded credit, and if we believe the eminent Hufeland, "opium is one of the most reliable of medicines." It should be administered with the greatest possible caution, and its action may be aided by frictions of the abdomen, with some anodyne liniment.

Complications.—It is not necessary to repeat here what has already been said upon thrush and ulcerations of the mouth, in the chapters upon those subjects. I will only make some remarks upon the treatment of erythema of the thighs and ulceration of the malleoli—complications of this disease which sometimes become very grave. The ulcers which appear upon these parts disappear, if cleanliness is rigidly observed, and they are frequently bathed with cold water; the limbs should be prevented from rubbing against each other by separating them with a pillow. No greasy ointment should be used about these sores. Hufeland carefully proscribes repellents, especially the preparations of lead, which may produce fatal convulsions. When numerous and large ulcerations are established upon the skin, the sufferings of the little patient become extreme, and its life is in danger. A topical astringent should then be used, which incontestably possesses specific qualities; it is the bichloride of mercury dissolved in water. Seven grains may be dissolved in twenty ounces of water; a small portion of the salt will be decomposed, but a sufficient quantity will remain dissolved in the liquid; it should be applied to the parts several times daily.

[As the use of tris-nitrate of bismuth in this affection is new to many, and as the doses in which Bouchut prescribes it are much larger than ordinary, we append the following paragraphs from Headland's work "On the Action of Medicines." He closes it with those remedies which he calls "Stomach Anæsthetics," which "act locally on the mucous membrane before absorption, or without being absorbed at all;" which "seem to act locally on the sentient nerves of the stomach in the same way that aconite acts on the superficial nerves of the skin."—*Trans.*

"The tris-nitrate of bismuth acts also as an astringent on the mucous membrane of the intestine, and is probably the only astringent which is not absorbed. Being insoluble, its action is quite confined to the mucous surface. It may be given safely in very large doses (as ʒss, or even ʒj), and it is likely that its anæsthetic action may be in some part mechanical in its nature, and depend upon its affording a mechanical sheath to the irritable and painful surface of the stomach."—P. 95. * * *

"I have already alluded to nitrate of bismuth as seeming to be an astringent to the mucous surface of the intestine, although apparently incapable of absorption. It has been used with advantage in diarrhœa, and is highly recommended by Dr. Theophilus Thompson in the diarrhœa of phthisis."]